

DIVISION OF DISABILITY AND AGING SERVICES
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**Maintaining Vermont Medicaid Eligibility when
Living Out-of-state for the Purpose of Receiving Treatment
Funded with a Developmental Disability Medicaid Waiver**

**Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
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Purpose

This document provides information to assist individuals who receive Vermont developmental disability Medicaid waiver funding and who live out-of-state for the purposes of receiving treatment (i.e., shared living/developmental home) to not lose their Vermont Medicaid or SSI.

Specifically, it outlines the process for informing the Social Security Administration (SSA) and the Benefit Program Specialists at the Department for Children and Families (DCF) when someone is in one of these living arrangements.

The document also provides information on how living out-of-state affects a person's benefits and what to report to DCF when a person moves out-of-state for treatment or permanently.

Premise

1. A person must have Vermont Medicaid in order to receive developmental disability Medicaid waiver funding from Vermont for home and community-based waiver services¹.
2. A person cannot receive Medicaid from more than one state at a time.
3. In order for SSA to consider a person living out of state for the purposes of receiving treatment, the person needs to be in Living Arrangement H: Custodial Care (also known as “shared living” or “developmental home”).

When a person receiving developmental disability home and community-based waiver services is placed in an out-of-state living arrangement for “treatment purposes”, that person may retain his/her Vermont residency status and may therefore continue to be a Vermont Medicaid recipient and receive the full SSI amount, including the Vermont portion.

Examples of out-of-state living arrangements for treatment purposes include receiving funding/services from a Vermont service provider while:

- Living with a home provider over the NH, MA or NY border
- On a trial visit or temporary visit in another state. (Some Medicaid waiver funding may have time limitations on these visits.)

¹ A person may apply and be eligible for Medicaid because of being found eligible for waiver services, but the person must still meet the financial eligibility criteria for Medicaid.

People receiving specialized treatment in an out-of-state Medicaid facility (such as for Prader Willi Syndrome) may also qualify but that is a separate process.

What to Report

If a person is being placed out-of-state for treatment purposes, the following people need to be notified:

- District Social Security Administration (Burlington, Montpelier or Rutland) – ask for the person’s caseworker
- District Department for Children and Families, Economic Services Division – ask for the person’s Benefit Program Specialist
- Division of Disability and Aging Services – ask for Developmental Disability and Children’s Services Unit Program Tech (802-241-2614). The Program Tech also notifies DCF Central Office.

The information that needs to be reported when a person moves out-of-state for treatment purposes includes:

- Person’s first and last name
- Social Security number
- Date of birth
- Date of move to out-of-state placement
- Residence address – place in Vermont where person is maintaining residency – this is the address of the person’s representative payee
- Physical address – address of out-of-state placement

It is always best to make these notifications prior to the person moving. If mail is returned to DCF with an out-of-state address, DCF will close Vermont Medicaid as soon as possible unless DCF knows it is an out-of-state placement for treatment purposes.

It is also necessary to contact SSA, DCF and DDAS when the person returns to Vermont or moves permanently out-of-state. Please include the following information:

- Person’s first and last name
- Social Security number
- Date of birth
- Date of move back to Vermont (or when person became resident of other state)
- Physical address in Vermont where person is living (or state where person became a resident)

Reporting to DCF – Economic Services Division

Move Out-of-state for Treatment Purposes

As noted above, when someone is being placed out-of-state for treatment purposes, DCF needs to know if the address they have on record should change or not. Ultimately the address should be where review applications and other DCF notices should be sent. If the person’s authorized representative is someone other than the person’s representative payee, then the payee needs to forward all notices and applications to the authorized representative.

During the time the person is living out-of-state for treatment purposes, it is important to notify DCF of the move and that it is for treatment purposes only. If an annual DCF eligibility form is being filled out, the person's Vermont mailing address (that of the representative payee) should be provided as the person Vermont residence. Enclose a note explaining the person is living out-of-state for treatment purposes but Vermont residency is being maintained. The representative payee would then be ultimately responsible for all mail sent from DCF.

Here is a sample note to send to the local DCF office:

“[Person's name with SSN and DOB] is currently receiving treatment at [out-of-state address] as of [move date] but remains a Vermont resident of [address of payee's Vermont town]”.

Temporary Move Out-of-state for Trial Visit or Vacation

It is not necessary to report someone who is going out-of-state for a short trip or visit. However, if a person is going out-of-state for an extended stay (e.g., spending the winter in Florida), the local DCF office should notified.

Here is a sample note to send to the local DCF office:

“[Person's name with SSN and DOB] will be out of Vermont from [date leaving] to [date returning]. [Person's name] is not moving, but is visiting [name of state]”

If the person is on a temporary absence for a full calendar month, SSA also needs to be contacted with the information listed on page 2 of this notice.

Permanent Move within Vermont

If a person is moving permanently within the state of Vermont, contact the Benefits Program Specialist at the Economic Services Division, DCF in the district that handles the town of residence to report the change in address.

Website for ESD district offices: http://dcf.vermont.gov/esd/contact_us/district_offices

The member services unit may also be called to report the change (1-800-250-8427).

Permanent Move Out-of-state

As noted above, if a person is permanently moving out-of-state and ending his/her Vermont residency, contact the Benefits Program Specialist at the Economic Services Division, DCF in the district that handles the town of residence to report the change in address.

Website for ESD district offices: http://dcf.vermont.gov/esd/contact_us/district_offices

The member services unit may also be called to report the change (1-800-250-8427).

A person would not maintain his/her Vermont residency when he/she moves permanently and becomes a resident of another state and no longer receives funding or services from a Vermont service provider. A person would need to apply for Medicaid in the new state and discontinue Vermont Medicaid.

How Living Out-of-state Affects Benefits

Whenever someone on Medicaid leaves the state of Vermont for any reason, it is important to be aware of the limitations of Vermont Medicaid insurance. For example, many doctors, hospitals, pharmacies and other medical providers outside of Vermont are not enrolled as Vermont Medicaid providers and therefore cannot accept Vermont Medicaid as payment unless they are willing to enroll as a Medicaid provider. There are some things that can be done to increase the likelihood of insurance coverage.

1. Check with medical providers in the state where the person will be receiving treatment or visiting to see if they are Vermont Medicaid providers. Many providers in towns bordering Vermont accept Vermont Medicaid, but some do not.
2. If a medical provider is not enrolled as a Vermont Medicaid provider, ask if they are willing to enroll. To enroll, the provider needs to call EDS (802-951-1706 or 802-878-7871).
3. Plan in advance to have sufficient medication on hand when going out-of-state.
4. Some people receiving treatment or visiting out-of-state still see a regular doctor and other healthcare providers in Vermont. However, they still may need medical treatment while out-of-state. If the person needs emergency or unexpected medical care from a non-Vermont Medicaid provider, the medical provider can enroll as a Vermont Medicaid provider after the fact and bill Vermont Medicaid for the treatment that already took place.

If you have questions regarding this notice, please contact:

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